

**United States Bankruptcy Court
Northern District of Illinois**

Page 1 of 63

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Bowden, William, A				Name of Joint Debtor (Spouse) (Last, First, Middle): Bowden, Kim, C			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Kim Schuermann Kim Spori			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 4117				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 0223			
Street Address of Debtor (No. & Street, City, and State): 14148 De La Tour Dr. South Beloit IL				Street Address of Joint Debtor (No. & Street, City, and State): 14148 De La Tour Dr. South Beloit IL			
ZIP CODE 61080				ZIP CODE 61080			
County of Residence or of the Principal Place of Business: Winnebago				County of Residence or of the Principal Place of Business: Winnebago			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIP CODE				ZIP CODE			
Location of Principal Assets of Business Debtor (if different from street address above):				ZIP CODE			

Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) 	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000	
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 63	
Name of Debtor(s): William A Bowden, Kim C Bowden			
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). X /s/ Laura L McGarragan 11/4/2008 Signature of Attorney for Debtor(s) Date Laura L McGarragan 6199753	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Document Page 3 of 63	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ William A Bowden _____ Signature of Debtor William A Bowden X /s/ Kim C Bowden _____ Signature of Joint Debtor Kim C Bowden _____ Telephone Number (If not represented by attorney) 11/4/2008 _____ Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X Not Applicable _____ (Signature of Foreign Representative) _____ (Printed Name of Foreign Representative) _____ Date	
Signature of Attorney X /s/ Laura L McGarragan _____ Signature of Attorney for Debtor(s) Laura L McGarragan Bar No. 6199753 _____ Printed Name of Attorney for Debtor(s) / Bar No. McGarragan Law Offices _____ Firm Name 1004 N. Main St. Rockford, IL 61103 _____ Address 815 961-1111 815-961-9233 _____ Telephone Number 11/4/2008 _____ Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Not Applicable _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X Not Applicable _____ Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. If more than one person prepared this document, attach to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Not Applicable _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: William A Bowden Kim C Bowden
Debtor(s)

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ William A Bowden
William A Bowden

Date: 11/4/2008

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: William A Bowden Kim C Bowden
Debtor(s)

Case No. _____
(if known)

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☐ 2. Within the **180 days before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kim C Bowden
Kim C Bowden

Date: 11/4/2008

B6A (Official Form 6A) (12/07)

In re: William A Bowden Kim C Bowden,
Debtors

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
14148 De La Tour Dr. S Beloit IL 61080	Fee Owner	J	\$ 150,000.00	\$ 148,000.00
Total >			\$ 150,000.00	

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re William A Bowden Kim C Bowden,

Case No. _____

Debtors

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash		8.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking	J	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Furnishings	J	1,200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	1,000.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re William A Bowden Kim C Bowden,
Debtors

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Jeep Grand Cherokee	J	12,000.00
Automobiles, trucks, trailers, and other vehicles and accessories.		2005 KIA Spectra	J	6,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
Total				\$ 20,208.00

1 continuation sheets attached

Total

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

B6C (Official Form 6C) (12/07)

In re William A Bowden Kim C Bowden
Debtors

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds
\$136,875

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
14148 De La Tour Dr. S Beloit IL 61080	735 ILCS 5/12-901	2,000.00	150,000.00
2001 Jeep Grand Cherokee	735 ILCS 5/12-1001(c)	2,000.00	12,000.00
Cash	735 ILCS 5/12-1001(b)	8.00	8.00
Clothing	735 ILCS 5/12-1001(a),(e)	1,000.00	1,000.00
Furnishings	735 ILCS 5/12-1001(b)	1,200.00	1,200.00

B6D (Official Form 6D) (12/07)

In re **William A Bowden Kim C Bowden**

Case No. _____

(If known)

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.		H	PMSI 2001 Jeep Grand Cherokee VALUE \$12,000.00				10,000.00	0.00
Citizens Finance 6345 North Second St. Loves Park IL 61111								
ACCOUNT NO. 530630-004		J	Statutory Lien 14148 De La Tour Dr. South Beloit IL Sewer bill VALUE \$150,000.00				403.05	0.00
City of South Beloit 519 Blackhawk Blvd. Suite 2 South Beloit IL 61080								
ACCOUNT NO. 1044795001		J	Mortgage 14148 De La Tour Dr. South Beloit IL 61080 ASIC Policy # 12HOB1044795001 VALUE \$150,000.00				148,000.00	0.00
First Franklin Loan Services PO Box 6759 Springfield OH 45501-6759 American Security Insurance Co. PO Box 50355 Atlanta Ga 30302								
ACCOUNT NO. 00040000165845360001	X	J	PMSI 2005 KIA VALUE \$6,000.00				12,000.00	6,000.00
Triad Financial 5201 Rufe Snow Dr. STE 400 Richland TX 76180								

0 continuation sheets attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$ 170,403.05	\$ 6,000.00
\$ 170,403.05	\$ 6,000.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (12/07)

In re William A Bowden Kim C Bowden

Debtors

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

B6E (Official Form 6E) (12/07) – Cont.

In re William A Bowden Kim C Bowden,
Debtors

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

\$	0.00	\$	0.00	\$	0.00
\$	0.00				
		\$	0.00	\$	0.00

Total >
(Use only on last page of the completed
Schedule E. Report also on the Summary of
Schedules.)

Total >
(Use only on last page of the completed
Schedule E. If applicable, report also on the
Statistical Summary of Certain Liabilities
and Related Data.)

B6F (Official Form 6F) (12/07)

In re William A Bowden Kim C Bowden
Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 530630-005 Alliant Energy PO Box 3068 Cedar Rapids IA 52406-3068	J	Utility				41.40
ACCOUNT NO. 1588 AmeriCash Loans 4213 West Elm St. McHenry IL 60050	H	loan				4,207.50
ACCOUNT NO. Banfield 1808 South Randall Rd. Algonquin IL 60102 Cross Check PO Box 6008 Petaluma CA 94955-6008	H	Pet care				241.00
ACCOUNT NO. 214090 Beloit Clinic 1905 Huebbe Parkway Beloit WI 53511	W	Medical				218.00

12 Continuation sheets attached

Subtotal >	\$ 4,707.90
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden Case No. _____
 Debtors (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. N00001006 Beloit Memorial Hospital 1969 West Hart Rd. Beloit WI WI 53511	W	Medical-various accts. N00003730 N00002965 N00000713				650.00
ACCOUNT NO. BOWW1000 Beloit Radiology LTD 2101 Riverside Dr. Beloit WI 53511	H	Medical				10.00
ACCOUNT NO. 1136178884 Better Homes and Gardens 1716 Locust St. Des Moines IA 50309-3023	H	Magazine				22.00

Sheet no. 1 of 12 continuation sheets attached to Schedule of Creditors
 Holding Unsecured
 Nonpriority Claims

Subtotal >	\$ 682.00
Total >	\$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5178-0572-6298-3922	W	Credit card				221.40
Capital One PO Box 30285 Salt Lake City UT 84130-0285 Allied Interstate 300 Corporate Exchange Dr. 5th Floor Columbus OH 43231 LVNV Funding PO Box 10497 Greenville SC 29603-0584 NCO Financial Systems PO Box 61247 Virginia Beach VA 23462						
ACCOUNT NO. 77346090	J	Medical-various accounts AO733600050 BO724401146 79874029 72278828 4015805 377980223 0719300324 33113564335502856 335502856				2,500.00
Centegra Health System Centegra Memorial Medical Center Centegra Northern Illinois Medical Cente PO Box 5995 Poeria IL 61601-5995 Memorial Medical Center PO Box 1990 Woodstock IL 60098 Northern Illinois Medical Center 4201 Medical Center Dr. McHenry IL 60050 Van Ru Credit Corporation 1350 East Touhy Ave. STE 100e Des Plaines IL 60018-3307						

Sheet no. 2 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 2,721.40
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **William A Bowden Kim C Bowden**

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. _____	J					200.00
CMG Group 11 East Gregory Suite 200 Kansas City MO 64114		Pay day loan				
ACCOUNT NO. 002	H					3,000.00
Corporate America Family Credit Union 2075 Big Timber Rd. Elgin IL 60123		Overdrafts #64003170 and others Loan #64003170-142				
CU Recovery 26263 Forest Blvd. Wyoming MN 55092-8033						
ACCOUNT NO. 01-018067-180799104-00	J					106.18
Credit Protection Association LP 13355 Noel Rd. Dallas TX 75240		Collection for Charter Communications				
Charter Communications PO Box 9037 Addison TX 75001-9037						
ACCOUNT NO. A89129-765991	J					213.00
Dependon Collection Service PO Box 4983 Oak Brook IL 60523-4983		Collection for Drs. Petrov Flood & Heck				

Sheet no. 3 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 3,519.18
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	W					50.00
Drs. Stier, Pelsue & Ellis PO Box 581 Roscoe IL 61073		Medical				
ACCOUNT NO.	W					15.00
EQ PO Box 32 Lowell MA 01853		Subscription				
ACCOUNT NO. 93570-33-73	J					1,600.00
Farmers Insurance Group of Cos PO Box 0913 Carol Stream IL 60132-0913		Insurance Also: Policy #16793 64 18 #16793 64 17				
ACCOUNT NO. 5178 0078 1702 6248	H					443.28
First Premier Bank PO Box 5147 Sioux Falls SD 57117-5147		Credit card				

Sheet no. 4 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	2,108.28
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7624665 First Revenue Assurance PO Box 5818 Denver CO 80217 Arrow Financial Services 5996 W Touhy Ave. Niles IL 60714	H	Collection for Arrow Financial Services				898.99
ACCOUNT NO. 18952 Fox Valley Podiatry of McHenry County 605 Dakota St. STE B Crystal Lake IL 60012	J	Medical Ref #'s:18935 18936				213.00
ACCOUNT NO. BOWK1000 Gunderson Clinic of Chiro 506 South Blackhawk Blvd. Rockton IL 61072-2908	W	Medical				29.80
ACCOUNT NO. 0753379791 Hearst Magazines Subscription Service Box 7186 Red Oak IA 51591	J	Good Housekeeping Magazine				10.00

Sheet no. 5 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	1,151.79
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1035 103933 7 Heights Finance 3853 E State St. Rockford IL 61108 Paul Godlewski One Court Place STE 103 Rockford IL 61101	J	loan				2,019.06
ACCOUNT NO. 09-0697970-3 Illinois-American Water PO Box 578 Alton IL 62002	W					114.32
ACCOUNT NO. 404-1-0000647749 Lake/McHenry Pathology Assoc. 520 E 22nd St. Lombard IL 60148	W	Medical #404-1-0000983321				31.50
ACCOUNT NO. 36256-QMRIG McHenry Radiologists Imaging Assoc. PO Box 220 McHenry IL 60051-0220 Business Revenue Systems Inc. PO Box 13077 Des Moines IA 50310-0077	W	Medical				30.00

Sheet no. 6 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 2,194.88
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **William A Bowden Kim C Bowden**

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MCI PO Box 17890 Denver, CO 80217-0890							0.00
ACCOUNT NO. 8036-5262 MHS Physician Services PO Box 5081 Janesville WI 53547-5081		W	Medical				180.60
ACCOUNT NO. 8518905255 Midland Credit Management Dept 12421 PO Box 1259 Oaks PA 19456 MCI PO Box 17890 Denver CO 80217-0890		W	Collection for MCI				224.35
ACCOUNT NO. MNI707244011466 Moraine Emergency Physicians PO Box 8759 Philadelphia PA 19101-8759		W	Medical Acct # MNI907193003247 MNI907336000506				95.60

Sheet no. 7 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 500.55
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 89876067 National Home Gardening PO Box 3452 Minnetonka MN 55343-2152	H	Membership dues				12.00
ACCOUNT NO. National Home Gardening Club PO Box 3496 Minnetonka MN 55343-3496	H	Membership				12.00
ACCOUNT NO. 01-01-00000450 Northpointe Immediate Care 5605 E Rockton Rd. Roscoe IL 61073 Northpointe/Physician Billing 1446 N Randall Ave. Janesville WI 53545	H	Medical 01-01-00000268 01-01-00001011				135.00
ACCOUNT NO. 5503 Radiology Consultants of Rockford PO Box 4542 Rockford IL 61110	J	Medical-multiple accounts 23577				108.00

Sheet no. 8 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	267.00
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **William A Bowden Kim C Bowden**

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8182 Randall J Raabe DDS 781 McHenry Ave. STE A Crystal Lake IL 60014	W	Dental				23.20
ACCOUNT NO. 10010615A Reich Chiropractic Clinic Inc. 1831 Blackhawk Blvd. South Beloit IL 61080	H	Medical				278.00
ACCOUNT NO. 104500 Rockford Ambulatory Surgery Center 1016 Featherstone Rd. Rockford IL 61107	W	Medical				279.00
ACCOUNT NO. 200040 Rockford Anesthesiologists Assoc. PO Box 4569 Rockford IL 61110-4569	W	Medical				63.60

Sheet no. 9 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 643.80
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. F336147A395 Rockford Health Physicians 2300 N Rockton Ave. Rockford IL 61103 Rockford Health Physicians Dept CH 10862 Palatine IL 60055	H	Medical				60.00
ACCOUNT NO. X37679 Rockford Mercantile Agency 2502 S Alpine Rd. Rockford IL 61108 Rockford Radiology PO Box 5368 Rockford IL 61125-0368	H	Collection for Rockford Radiology RRA 158808 RRA 160601				38.00
ACCOUNT NO. 101796 Rockford Urological Assoc. 351 Executive Pkwy. Rockford IL 61107 Creditor's Protection Service Inc. 202 West State St. STE 300 Rockford IL 61110-0615	W	Medical				93.00
ACCOUNT NO. _____ Rockton Dental Care 213 West Main St. Rockton IL 61072	W	Dental				500.00

Sheet no. 10 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 691.00
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	J					300.00
Speedway Auto Mall 1590.West Lane Rd. Machesney Park IL 61115						
ACCOUNT NO. 465289238	W					724.37
Sprint PO Box 219554 Kansas City, MO 64121		Telephone				
Pentagroup Financial PO Box 742209 Houston TX 77274-2209						
ACCOUNT NO. 3 G502895	H					1,039.00
Swedish American Medical Group PO Box 1567 Rockford IL 61110-0067		Medical				
ACCOUNT NO.	W					1,000.00
Ted & Trina Siepman 37922 North Lake Vista Terrace Spring Grove IL 60081		Non-divorce related money owed				
April Siplin Siepman 37922 North Lake Vista Terrace Spring Grove IL 60081						

Sheet no. 11 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$ 3,063.37
Total >	\$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re William A Bowden Kim C Bowden

Debtors

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8255909641592065 The CBE Group PO Box 2365 Waterloo IA 50704-2635 Dish Network Dept. 0063 Palatine IL 60055-0063	W	Collection for Dish Network				768.00
ACCOUNT NO. 119786 The Center for Neurology, SC 750 E Terra Cotta Ave. Suite A Crystal Lake IL 60014-3621	H	Medical				35.00
ACCOUNT NO. 123787274203623810 Verizon PO Box 9688 Mission Hills CA 91346-9688 DIRECTV PO Box 1079 El Segundo CA 90245-1079 80155-6550	J	Utility DIRECTV #0034234244				778.00

Sheet no. 12 of 12 continuation sheets attached to Schedule of Creditors
Holding Unsecured
Nonpriority Claims

Subtotal >	\$	1,581.00
Total >	\$	23,832.15

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Laura L McGarragan 6199753
McGarragan Law Offices
1004 N. Main St.
Rockford, IL 61103

815 961-1111
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In Re:

Debtor: **William A Bowden**
Social Security Number: **4117**

Case No:

Chapter **7**

Joint Debtor: **Kim C Bowden**
Social Security Number: **0223**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	Alliant Energy PO Box 3068 Cedar Rapids IA 52406-3068	Unsecured Claims	\$ 41.40
2.	AmeriCash Loans 4213 West Elm St. McHenry IL 60050	Unsecured Claims	\$ 4,207.50
3.	Banfield 1808 South Randall Rd. Algonquin IL 60102	Unsecured Claims	\$ 241.00
4.	Beloit Clinic 1905 Huebbe Parkway Beloit WI 53511	Unsecured Claims	\$ 218.00
5.	Beloit Memorial Hospital 1969 West Hart Rd. Beloit WI WI 53511	Unsecured Claims	\$ 650.00

In re: **William A Bowden**
Kim C Bowden

Case No. _____

6.	Beloit Radiology LTD 2101 Riverside Dr. Beloit WI 53511	Unsecured Claims	\$ 10.00
7.	Better Homes and Gardens 1716 Locust St. Des Moines IA 50309-3023	Unsecured Claims	\$ 22.00
8.	Capital One PO Box 30285 Salt Lake City UT 84130-0285	Unsecured Claims	\$ 221.40
9.	Centegra Health System Centegra Memorial Medical Center Centegra Northern Illinois Medical Cente PO Box 5995 Peoria IL 61601-5995	Unsecured Claims	\$ 2,500.00
10.	Citizens Finance 6345 North Second St. Loves Park IL 61111	Secured Claims	\$ 10,000.00
11.	City of South Beloit 519 Blackhawk Blvd. Suite 2 South Beloit IL 61080	Secured Claims	\$ 403.05
12.	CMG Group 11 East Gregory Suite 200 Kansas City MO 64114	Unsecured Claims	\$ 200.00
13.	Corporate America Family Credit Union 2075 Big Timber Rd. Elgin IL 60123	Unsecured Claims	\$ 3,000.00
14.	Credit Protection Association LP 13355 Noel Rd. Dallas TX 75240	Unsecured Claims	\$ 106.18

In re: **William A Bowden**
Kim C Bowden

Case No. _____

15.	Dependon Collection Service PO Box 4983 Oak Brook IL 60523-4983	Unsecured Claims	\$ 213.00
16.	Drs. Stier, Pelsue & Ellis PO Box 581 Roscoe IL 61073	Unsecured Claims	\$ 50.00
17.	EQ PO Box 32 Lowell MA 01853	Unsecured Claims	\$ 15.00
18.	Farmers Insurance Group of Cos PO Box 0913 Carol Stream IL 60132-0913	Unsecured Claims	\$ 1,600.00
19.	First Franklin Loan Services PO Box 6759 Springfield OH 45501-6759	Secured Claims	\$ 148,000.00
20.	First Premier Bank PO Box 5147 Sioux Falls SD 57117-5147	Unsecured Claims	\$ 443.28
21.	First Revenue Assurance PO Box 5818 Denver CO 80217	Unsecured Claims	\$ 898.99
22.	Fox Valley Podiatry of McHenry County 605 Dakota St. STE B Crystal Lake IL 60012	Unsecured Claims	\$ 213.00
23.	Gunderson Clinic of Chiro 506 South Blackhawk Blvd. Rockton IL 61072-2908	Unsecured Claims	\$ 29.80

In re: **William A Bowden**
Kim C Bowden

Case No. _____

24.	Hearst Magazines Subscription Service Box 7186 Red Oak IA 51591	Unsecured Claims	\$ 10.00
25.	Heights Finance 3853 E State St. Rockford IL 61108	Unsecured Claims	\$ 2,019.06
26.	Illinois-American Water PO Box 578 Alton IL 62002	Unsecured Claims	\$ 114.32
27.	Lake/McHenry Pathology Assoc. 520 E 22nd St. Lombard IL 60148	Unsecured Claims	\$ 31.50
28.	McHenry Radiologists Imaging Assoc. PO Box 220 McHenry IL 60051-0220	Unsecured Claims	\$ 30.00
29.	MCI PO Box 17890 Denver, CO 80217-0890	Unsecured Claims	\$ 0.00
30.	MHS Physician Services PO Box 5081 Janesville WI 53547-5081	Unsecured Claims	\$ 180.60
31.	Midland Credit Management Dept 12421 PO Box 1259 Oaks PA 19456	Unsecured Claims	\$ 224.35
32.	Moraine Emergency Physicians PO Box 8759 Philadelphia PA 19101-8759	Unsecured Claims	\$ 95.60

In re: **William A Bowden**
Kim C Bowden

Case No. _____

33.	National Home Gardening PO Box 3452 Minnetonka MN 55343-2152	Unsecured Claims	\$ 12.00
34.	National Home Gardening Club PO Box 3496 Minnetonka MN 55343-3496	Unsecured Claims	\$ 12.00
35.	Northpointe Immediate Care 5605 E Rockton Rd. Roscoe IL 61073	Unsecured Claims	\$ 135.00
36.	Radiology Consultants of Rockford PO Box 4542 Rockford IL 61110	Unsecured Claims	\$ 108.00
37.	Randall J Raabe DDS 781 McHenry Ave. STE A Crystal Lake IL 60014	Unsecured Claims	\$ 23.20
38.	Reich Chiropractic Clinic Inc. 1831 Blackhawk Blvd. South Beloit IL 61080	Unsecured Claims	\$ 278.00
39.	Rockford Ambulatory Surgery Center 1016 Featherstone Rd. Rockford IL 61107	Unsecured Claims	\$ 279.00
40.	Rockford Anesthesiologists Assoc. PO Box 4569 Rockford IL 61110-4569	Unsecured Claims	\$ 63.60
41.	Rockford Health Physicians 2300 N Rockton Ave. Rockford IL 61103	Unsecured Claims	\$ 60.00

In re: **William A Bowden**
Kim C Bowden

Case No. _____

42.	Rockford Mercantile Agency 2502 S Alpine Rd. Rockford IL 61108	Unsecured Claims	\$ 38.00
43.	Rockford Urological Assoc. 351 Executive Pkwy. Rockford IL 61107	Unsecured Claims	\$ 93.00
44.	Rockton Dental Care 213 West Main St. Rockton IL 61072	Unsecured Claims	\$ 500.00
45.	Speedway Auto Mall 1590.West Lane Rd. Machesney Park IL 61115	Unsecured Claims	\$ 300.00
46.	Sprint PO Box 219554 Kansas City, MO 64121	Unsecured Claims	\$ 724.37
47.	Swedish American Medical Group PO Box 1567 Rockford IL 61110-0067	Unsecured Claims	\$ 1,039.00
48.	Ted & Trina Siepman 37922 North Lake Vista Terrace Spring Grove IL 60081	Unsecured Claims	\$ 1,000.00
49.	The CBE Group PO Box 2365 Waterloo IA 50704-2635	Unsecured Claims	\$ 768.00
50.	The Center for Neurology, SC 750 E Terra Cotta Ave. Suite A Crystal Lake IL 60014-3621	Unsecured Claims	\$ 35.00

In re: **William A Bowden**
Kim C Bowden

Case No. _____

51.	Triad Financial 5201 Rufe Snow Dr. STE 400 Richland TX 76180	Secured Claims	\$ 12,000.00
52.	Verizon PO Box 9688 Mission Hills CA 91346-9688	Unsecured Claims	\$ 778.00

In re: **William A Bowden**
Kim C Bowden

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **William A Bowden**, and I, **Kim C Bowden**, named as debtors in this case, declare under penalty of perjury that we have read the foregoing Numbered Listing of Creditors, consisting of **7 sheets** (not including this declaration), and that it is true and correct to the best of our information and belief.

Signature: /s/ William A Bowden
William A Bowden

Dated: 11/4/2008

Signature: /s/ Kim C Bowden
Kim C Bowden

Dated: 11/4/2008

B6G (Official Form 6G) (12/07)

In re: William A Bowden Kim C Bowden,
Debtors

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re: **William A Bowden Kim C Bowden**
Debtors

Case No. _____
(If known)

SCHEDULE H - CODEBTORS

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Tim Knechtsberger 1370 Cottonwood Lane Crystal Lake IL 60014	Triad Financial 5201 Rufe Snow Dr. STE 400 Richland TX 76180

In re **William A Bowden Kim C Bowden**

Case No. _____

Debtors

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
	son	12
	son	11
	daughter	9
Employment:		
DEBTOR		SPOUSE
Occupation	Driver	Homemaker
Name of Employer	Johnson Deluxe	
How long employed	8 mos	
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

\$ 2,630.00 \$ 0.00

2. Estimate monthly overtime

\$ 570.00 \$ 0.00

3. SUBTOTAL

\$ 3,200.00 \$ 0.00

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 640.00 \$ 0.00

b. Insurance

\$ 0.00 \$ 0.00

c. Union dues

\$ 0.00 \$ 0.00

d. Other (Specify) _____

\$ 0.00 \$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 640.00 \$ 0.00

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,560.00 \$ 0.00

7. Regular income from operation of business or profession or farm
(Attach detailed statement)

\$ 0.00 \$ 0.00

8. Income from real property

\$ 0.00 \$ 0.00

9. Interest and dividends

\$ 0.00 \$ 0.00

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ 240.00

11. Social security or other government assistance
(Specify) Child disability

\$ 0.00 \$ 1,050.00

SSD

12. Pension or retirement income

\$ 0.00 \$ 0.00

13. Other monthly income

(Specify) _____

\$ 0.00 \$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00 \$ 1,290.00

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,560.00 \$ 1,290.00

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 3,850.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

In re William A Bowden Kim C Bowden

Case No. _____

Debtors

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

NONE

B6J (Official Form 6J) (12/07)

In re William A Bowden Kim C Bowden
DebtorsCase No. _____
(If known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>1,175.00</u>
a. Are real estate taxes included? Yes <u>✓</u> No _____		
b. Is property insurance included? Yes <u>✓</u> No _____		
2. Utilities: a. Electricity and heating fuel	\$	<u>200.00</u>
b. Water and sewer	\$	<u>25.00</u>
c. Telephone	\$	<u>85.00</u>
d. Other _____	\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>25.00</u>
4. Food	\$	<u>800.00</u>
5. Clothing	\$	<u>50.00</u>
6. Laundry and dry cleaning	\$	<u>25.00</u>
7. Medical and dental expenses	\$	<u>50.00</u>
8. Transportation (not including car payments)	\$	<u>150.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>25.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>140.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>359.00</u>
b. Other Second car payment	\$	<u>370.00</u>
Second Mortgage	\$	<u>330.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other _____	\$	<u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>3,809.00</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>3,850.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>3,809.00</u>
c. Monthly net income (a. minus b.)	\$	<u>41.00</u>

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court
Northern District of Illinois**

In re **William A Bowden Kim C Bowden**,
Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 150,000.00		
B - Personal Property	YES	2	\$ 20,208.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 170,403.05	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	13		\$ 23,832.15	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 3,850.00
J - Current Expenditures of Individual Debtor(s)	YES	2			\$ 3,809.00
TOTAL		26	\$ 170,208.00	\$ 194,235.20	

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re William A Bowden Kim C Bowden
Debtors

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 28 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 11/4/2008

Signature: /s/ William A Bowden
William A Bowden
Debtor

Date: 11/4/2008

Signature: /s/ Kim C Bowden
Kim C Bowden
(Joint Debtor, if any)

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

B7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: **William A Bowden Kim C Bowden**

Debtors

Case No. _____

(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
39,000.00	Wages	2006
48,000.00	Wages	2007
36,000.00	Wages	2008

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATIO	STATUS OR DISPOSITION
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None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Laura L McGarragan 1004 North Main St. Rockford IL 61103	5/24/2008	1299.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITOR	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR
DISPOSITION

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 11/4/2008

Signature of Debtor /s/ William A Bowden
William A Bowden

Date 11/4/2008

Signature of Joint Debtor (if any) /s/ Kim C Bowden
Kim C Bowden

B 201 (04/09/06)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Laura L McGarragan

Printed Name of Attorney

/s/ Laura L McGarragan

Signature of Attorney

11/4/2008

Date

Address:

**McGarragan Law Offices
1004 N. Main St.
Rockford, IL 61103**

815 961-1111

Certificate of the Debtor

We, the debtors, affirm that we have received and read this notice.

William A Bowden

Kim C Bowden

Printed Name(s) of Debtor(s)

Case No. (if known)

X/s/ William A Bowden

William A Bowden

Signature of Debtor

X/s/ Kim C Bowden

Kim C Bowden

Signature of Joint Debtor

11/4/2008

Date

11/4/2008

Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **William A Bowden Kim C Bowden**

Debtors

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,850.00
Average Expenses (from Schedule J, Line 18)	\$ 3,809.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 3,776.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$6,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$23,832.15
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$29,832.15

Form 8
(10/05)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois**

In re: **William A Bowden Kim C Bowden**
Debtors

Case No. _____
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1. 2001 Jeep Grand Cherokee	Citizens Finance				X
2. 14148 De La Tour Dr. South Beloit IL 61080 ASIC Policy # 12HOB1044795001	First Franklin Loan Services				X
3. 2005 KIA	Triad Financial				X

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
None		

/s/ William A Bowden **11/4/2008**
William A Bowden
Signature of Debtor Date

/s/ Kim C Bowden **11/4/2008**
Kim C Bowden
Signature of Joint Debtor (if any) Date

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: William A Bowden Kim C Bowden
Debtors

Case No. _____
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,299.00</u>
Prior to the filing of this statement I have received	\$	<u>1,299.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

Representing Debtor in Adversary

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 11/4/2008

/s/ Laura L McGarragan

Laura L McGarragan, Bar No. 6199753

McGarragan Law Offices

Attorney for Debtor(s)

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Alliant Energy
PO Box 3068
Cedar Rapids IA 52406-3068

Allied Interstate
300 Corporate Exchange Dr. 5th Floor
Columbus OH 43231

American Security Insurance Co.
PO Box 50355
Atlanta Ga 30302

AmeriCash Loans
4213 West Elm St.
McHenry IL 60050

April Siplin Siepman
37922 North Lake Vista Terrace
Spring Grove IL 60081

Arrow Financial Services
5996 W Touhy Ave.
Niles IL 60714

Banfield
1808 South Randall Rd.
Algonquin IL 60102

Beloit Clinic
1905 Huebbe Parkway
Beloit WI 53511

Beloit Memorial Hospital
1969 West Hart Rd.
Beloit WI WI 53511

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Beloit Radiology LTD
2101 Riverside Dr.
Beloit WI 53511

Better Homes and Gardens
1716 Locust St.
Des Moines IA 50309-3023

Business Revenue Systems Inc.
PO Box 13077
Des Moines IA 50310-0077

Capital One
PO Box 30285
Salt Lake City UT 84130-0285

Centegra Health System
Centegra Memorial Medical Center
Centegra Northern Illinois Medical Cente
PO Box 5995
Poeria IL 61601-5995

Charter Communications
PO Box 9037
Addison TX 75001-9037

Citizens Finance
6345 North Second St.
Loves Park IL 61111

City of South Beloit
519 Blackhawk Blvd. Suite 2
South Beloit IL 61080

CMG Group
11 East Gregory Suite 200
Kansas City MO 64114

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Corporate America Family Credit Union
2075 Big Timber Rd.
Elgin IL 60123

Credit Protection Association LP
13355 Noel Rd.
Dallas TX 75240

Creditor's Protection Service Inc.
202 West State St. STE 300
Rockford IL 61110-0615

Cross Check
PO Box 6008
Petaluma CA 94955-6008

CU Recovery
26263 Forest Blvd.
Wyoming MN 55092-8033

Dependon Collection Service
PO Box 4983
Oak Brook IL 60523-4983

DIRECTV
PO Box 1079
El Segundo CA 90245-1079 80155-6550

Dish Network
Dept. 0063
Palatine IL 60055-0063

Drs. Stier, Pelsue & Ellis
PO Box 581
Roscoe IL 61073

EQ
PO Box 32
Lowell MA 01853

Farmers Insurance Group of Cos
PO Box 0913
Carol Stream IL 60132-0913

First Franklin Loan Services
PO Box 6759
Springfield OH 45501-6759

First Premier Bank
PO Box 5147
Sioux Falls SD 57117-5147

First Revenue Assurance
PO Box 5818
Denver CO 80217

Fox Valley Podiatry of McHenry County
605 Dakota St. STE B
Crystal Lake IL 60012

Gunderson Clinic of Chiro
506 South Blackhawk Blvd.
Rockton IL 61072-2908

Hearst Magazines Subscription Service
Box 7186
Red Oak IA 51591

Heights Finance
3853 E State St.
Rockford IL 61108

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Illinois-American Water
PO Box 578
Alton IL 62002

Lake/McHenry Pathology Assoc.
520 E 22nd St.
Lombard IL 60148

LVNV Funding
PO Box 10497
Greenville SC 29603-0584

McHenry Radiologists Imaging Assoc.
PO Box 220
McHenry IL 60051-0220

MCI
PO Box 17890
Denver CO 80217-0890

MCI
PO Box 17890
Denver, CO 80217-0890

Memorial Medical Center
PO Box 1990
Woodstock IL 60098

MHS Physician Services
PO Box 5081
Janesville WI 53547-5081

Midland Credit Management
Dept 12421
PO Box 1259
Oaks PA 19456

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Moraine Emergency Physicians
PO Box 8759
Philadelphia PA 19101-8759

National Home Gardening
PO Box 3452
Minnetonka MN 55343-2152

National Home Gardening Club
PO Box 3496
Minnetonka MN 55343-3496

NCO Financial Systems
PO Box 61247
Virginia Beach VA 23462

Northern Illinois Medical Center
4201 Medical Center Dr.
McHenry IL 60050

Northpointe Immediate Care
5605 E Rockton Rd.
Roscoe IL 61073

Northpointe/Physician Billing
1446 N Randall Ave.
Janesville WI 53545

Paul Godlewski
One Court Place STE 103
Rockford IL 61101

Pentagroup Financial
PO Box 742209
Houston TX 77274-2209

Radiology Consultants of Rockford
PO Box 4542
Rockford IL 61110

Randall J Raabe DDS
781 McHenry Ave. STE A
Crystal Lake IL 60014

Reich Chiropractic Clinic Inc.
1831 Blackhawk Blvd.
South Beloit IL 61080

Rockford Ambulatory Surgery Center
1016 Featherstone Rd.
Rockford IL 61107

Rockford Anesthesiologists Assoc.
PO Box 4569
Rockford IL 61110-4569

Rockford Health Physicians
Dept CH 10862
Palatine IL 60055

Rockford Health Physicians
2300 N Rockton Ave.
Rockford IL 61103

Rockford Mercantile Agency
2502 S Alpine Rd.
Rockford IL 61108

Rockford Radiology
PO Box 5368
Rockford IL 61125-0368

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Rockford Urological Assoc.
351 Executive Pkwy.
Rockford IL 61107

Rockton Dental Care
213 West Main St.
Rockton IL 61072

Speedway Auto Mall
1590.West Lane Rd.
Machesney Park IL 61115

Sprint
PO Box 219554
Kansas City, MO 64121

Swedish American Medical Group
PO Box 1567
Rockford IL 61110-0067

Ted & Trina Siepman
37922 North Lake Vista Terrace
Spring Grove IL 60081

The CBE Group
PO Box 2365
Waterloo IA 50704-2635

The Center for Neurology, SC
750 E Terra Cotta Ave. Suite A
Crystal Lake IL 60014-3621

Tim Knechtsberger
1370 Cottonwood Lane
Crystal Lake IL 60014

Triad Financial
5201 Rufe Snow Dr. STE 400
Richland TX 76180

Van Ru Credit Corporation
1350 East Touhy Ave. STE 100e
Des Plaines IL 60018-3307

Verizon
PO Box 9688
Mission Hills CA 91346-9688

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

In Re:
William A Bowden
Kim C Bowden

Bankruptcy Case Number: _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: _____

The above named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 11/4/2008

/s/ William A Bowden
William A Bowden
Debtor

/s/ Kim C Bowden
Kim C Bowden
Joint Debtor